

FILED
08 JAN 15 PM 1:18
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
DISTRICT OF CALIFORNIA
E-filing

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

Plaintiff,

vs. FRANK SANCHEZ
K-47653

CV 07

CASE NO. _____

6292

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

**PJH
(PR)**

Defendant.

THE DIRECTOR OF CORRECTIONS

I, Frank Sanchez, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No ✓

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: NONE

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 NO I'm IN PRISON, LAST JOB
 5 HONDI, MITUBUSHI DEALERSHIP.
 6 STEVENS CREEK, SAN JOSE, CA.

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No ☒
 10 self employment
- 11 b. Income from stocks, bonds, Yes ___ No ☒
 12 or royalties?
- 13 c. Rent payments? Yes ___ No ☒
- 14 d. Pensions, annuities, or Yes ___ No ☒
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes ___ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____
 7 5. Do you own or are you buying a home? Yes ___ No ☒

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ___ No ☒

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ___ No ☒ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ___ No ☒ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ___ No ☒

20 _____

21 8. What are your monthly expenses?

IN PRISON

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25	Name of Account	Monthly Payment	Total Owed on This Acct.
26	_____	\$ _____	\$ _____
27	_____	\$ _____	\$ _____
28	_____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 NONE

4
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9
10
11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 1-9-08

17 DATE

18 Frank Sanchez
19
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27
28 SIGNATURE OF APPLICANT

REPORT ID: TS3030 .701

REPORT DATE: 12/12/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS

SATF/SP AT CORCORAN

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU DEC. 12, 2007

ACCOUNT NUMBER : K47653

BED/CELL NUMBER: FED4T20000002380

ACCOUNT NAME : SANCHEZ, FRANK ANTHONY

ACCOUNT TYPE: I

PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	11/01/2007		BEGINNING BALANCE					11.25
	11/08	FC05	DRAW-FAC 5	2600/FAC-E			11.25	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
11.25	0.00	11.25	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

Case Number: CV-07-6292

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months
[prisoner name]
_____ where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

REPORT ID: TS030 701

REPORT DATE: 01/07/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
SATF/SP AT CORCORAN
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 01, 2007 THRU JAN. 07, 2008

ACCOUNT NUMBER : K47653 RED/CELL NUMBER: FED4T2000000238U
ACCOUNT NAME : SANCHEZ, FRANK ANTHONY ACCOUNT TYPE: I
PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
06/01/2007		BEGINNING BALANCE					0.00
09/25	D320	TRUST FUNDS T 1717/CMC			18.00		18.00
10/09	FC05	DRAW-FAC 5 1959/FAC E				18.00	0.00
10/15	DD30	CASH DEPOSIT 2093/MR			11.25		11.25
11/08	FC05	DRAW-FAC 5 2600/FAC-E				11.25	0.00
12/18	DD34	EFT DEPOSIT D 3285/90676			22.50		22.50
ACTIVITY FOR 2008							
01/03	DD30	CASH DEPOSIT 3439/MR			11.25		33.75

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 06/20/03 CASE NUMBER: CC111849
COUNTY CODE: SCL FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
06/01/2007		BEGINNING BALANCE		9,543.53
10/15/07	DR30	REST DED-CASH DEPOSIT	12.50-	9,531.03
12/18/07	DR34	REST DED-EFT DEPOSIT	25.00-	9,506.03
01/03/08	DR30	REST DED-CASH DEPOSIT	12.50-	9,493.53

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	63.00	29.25	33.75	0.00	0.00

CURRENT
AVAILABLE
BALANCE

33.75



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY J. Colwell 1-7-08
TRUST OFFICE

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

ORIGINAL
FILED

DEC 12 2007

Dear Sir or Madam:

E-filing

Your petition has been filed as civil case number

RECEIVED
CLERK OF DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

PJH

(PR)

✓ A filing fee of \$5.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee.

Your petition is deficient because you did not pay the filing fee and:

1. ☐ you did not file an In Forma Pauperis Application.
2. ☒ the In Forma Pauperis Application you submitted is insufficient because:
 - ☒ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.
 - ☐ Your In Forma Pauperis Application was not completed in its entirety.
 - ☐ You did not sign your In Forma Pauperis Application.
 - ☐ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.
 - ☒ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.
 - ☐ Other _____

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

Warning: YOU MUST RESPOND TO THIS NOTICE. If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether prepayment of the filing fee should be waived.

Sincerely,
RICHARD W. WIEKING, Clerk,

By _____
Deputy Clerk

AO 241 (Rev. 5/85)

PETITION UNDER 28 USC § 2254 FOR WRIT OF
HABEAS CORPUS BY A PERSON IN STATE CUSTODY

United States District Court		U.S. DISTRICT COURT EASTERN DISTRICT OF CAL.	
Name FRANK A. SANCHEZ	Prisoner No. K-47633	Case No. CC111849	
Place of Confinement 2:07CV2524 GEB DAD (HC)			
Name of Petitioner (include name under which convicted) FRANK ANTHONY SANCHEZ		Name of Respondent (authorized person having custody of petitioner) THE DIRECTOR OF CORRECTIONS - S.A.T.F.	
The Attorney General of the State of: JERRY BROWN, STATE OF CALIFORNIA			
PETITION			
1. Name and location of court which entered the judgment of conviction under attack SANTA CLARA COUNTY SUPERIOR COURT - 191 NORTH FIRST STREET, SAN JOSE, CA 95113			
2. Date of judgment of conviction 6-20-03			
3. Length of sentence 16 YRS - 4 MONTHS			
4. Nature of offense involved (all counts) OP. 245(C) - V23153(A) @ P 417.8 ON - 2800.2 - V20001(B) 1 HIT AND RUN - P-12021 POSS F/A EX FEL - P-12316 (B) 3 POSS AMMO BY EX FELON - P-12090 ALX / F/A MARK -			
5. What was your plea? (Check one) (a) Not guilty <input type="checkbox"/> (b) Guilty <input checked="" type="checkbox"/> (c) Nolo contendere <input type="checkbox"/> If you entered a guilty plea to one count or indictment, and a not guilty plea to another count or indictment, give details: 			
6. If you pleaded not guilty, what kind of trial did you have? (Check one) (a) Jury <input type="checkbox"/> (b) Judge only <input type="checkbox"/>			
7. Did you testify at the trial? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
8. Did you appeal from the judgment of conviction? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

FILED

NOV 26 2007

Petitioner FRANK A. SANCHEZ

vs.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

BY PJH (PR)
DEPUTY CLERK

Respondent(s) FRANK A. SANCHEZ

CASE NUMBER: CC-111849

2:07cv2524 GEB DAD (HK)

I, FRANK A. SANCHEZ, declare that I am the petitioner in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the petition.

In support of this application, I answer the following questions under penalty of perjury:

Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. S.A.T.F. CORCORAN, CA. STATE PRISON

Have the institution fill out the Certificate portion of this application.

Are you currently employed? ☐ Yes ☒ No

If the answer is "Yes" state the amount of your pay.

If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer. 2-4-01 -

Re Home 300.00 A Week. A.S.A. TECHNOLOGIES -
11054. BERKELEY RD. SAN JOSE CA. 95126 -

In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

FRANK SANCHEZ-K47653-
P.O. BOX 5242 E-4-238 JP.
CORCORAN CA 93212-

BUSINESS REPLY MAIL

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